



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

JUN 12 2012

VOTER REGISTRATION ELECTORAL BOARD

*Please read instructions before completing this form. Type of Statement □ AMENDED M NEW This committee is filing an amended Statement of Organization. This committee is registering with the Virginia State Board of Elections for the first SBE-issued Committee ID Date Changes Took Effect time. **Committee Information** ROBERT KRAUS FOR CITY COUNCIL Name of Candidate Campaign Committee 2600 VIRGINIA AVE NW #200 Street Address/PO Box Suite # Committee WASHINGTON, DC 20037 Information City Zip Code 202.333.0008 X 231 ROBERT4CITYCOUNCIL@GMAIL.COM Daytime Phone # **Email Address** ROBERT4CITYCOUNCIL.COM Campaign Website **Candidate Information** ROBERT S MR. **KRAUS** Salutation Last Name First Name Middle Name Suffix **2500 N VAN DORN ST APT 1608** Residence Address Apt# VA 22302 **ALEXANDRIA** Candidate Information City State Zip Code 301003132 ALEXANDRIA CITY Voter Identification # County or City of Residence ROBERT4CITYCOUNCIL@GMAIL.COM 202.333.0008 X 231 **Email Address** Daytime Phone # By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** ALEXANDRIA CITY COUNCIL

Election

Information

Office Sought

Political Party

LIBERTARIAN PARTY

2012

Year of Election

District (if one)

™November □May □Special

Type of Election



Statement of Organization CANDIDATE COMMITTEE

	Treas	surer Information	BOXES ANS		
Treasurer Information	MR. KRAUS	ROBERT	s		
	Salutation Last Name 2500 N VAN DORN ST APT	First Name	Middle Nam	e Suffix	
	Residence Address		Apt#		
	ALEXANDRIA	VA	22302		
	City ALEXANDRIA CITY		State 301003132	Zip Code	
	County or City of Residence		Voter Identification #		
	ROBERT4CITYCOUNCIL@	GMAIL.COM	202.333.0008 X 231		
	Email Address		Daytime Phone #		
	By checking this box, I certify that I am currently registered to vote at the address above.				
	Cam	paign Depository			
PNC BANK					
Name of Primary WASHINGTON	Financial Institution DC	Name of Othe	Name of Other Financial Institution (if applicable)		
City	ity State City		State		
Committee Activity					
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") Date first contribution accepted:				
Dates of Activity	Date first expenditure made:				
	Date campaign depository de	N/A			
	Date filing fee paid for party	N/A			
	Date Statement of Qualificat	ion filed: 06/1	11/12		
	Date treasurer appointed:	06/1	11/12		

(continued on next page)

Revised: March 20, 2012



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	Filing Method				
	Please indicate the method by which this committee will submit all required campaign finance reports:				
Filing Method	☐ File electronically using SBE's Electronic Filing Application.				
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	★ File paper reports.				
	Colots Of	06/11/2012			
	Signature	Date			
Signatures					
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. O6/11/2012				
		Date			
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. O6/11/2012				
	Treasurer's Signature	Date			